



THE EXAMINER



Robert E. Bush Naval Hospital, Twentynine Palms, California

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"Serving with Pride and Professionalism"

August 2003

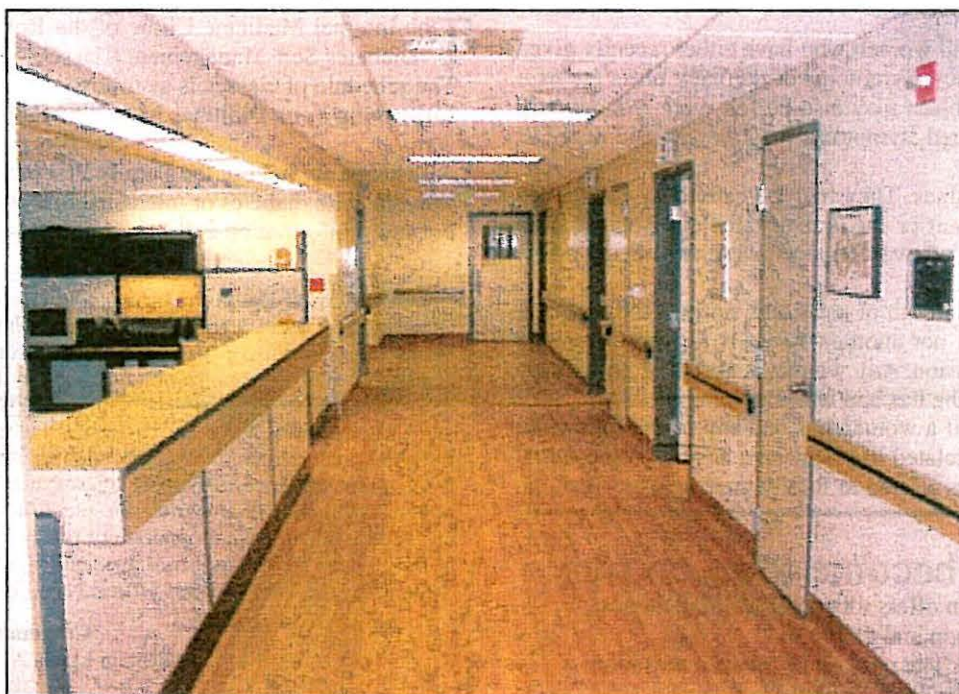
Naval Hospital Opens New Birthing Suites

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

Staff and patients celebrated the opening of the hospital's new, "Desert Beginnings" Birthing Unit, Aug. 1. It features new state-of-the-art Labor, Delivery, Recovery and Postpartum (LDRP) suites.

The new unit has seven LDRP suites. "It has a home-like atmosphere that will make having a baby a more comforting and memorable birth experience," said Lt. Cmdr. Meggan McGraw, Nurse Manager of the unit.

The new unit is one of Navy Medicine's biggest initiatives to support a more "Family-Centered" health care program. Within the birth suites there is new amenities including new furniture, oak flooring, and state of the art medical equipment. Families will have a private room throughout their stay and their newborn will be able to stay in the room with them.



The Long-awaited Naval Hospital "Desert Beginnings" Birthing Unit is now open for business.

Highlights...

Postpartum Depression is used to describe a range of physical and emotional changes that new moms experience around the time of the birth of their babies. Symptoms of postpartum depression or the baby blues can range from mild to severe. Sometimes new moms need medications to help with these symptoms, while other moms may only need to talk to someone trusted and get help working through their symptoms. *Page 2*

TRICARE helps pay for maternity care during pregnancy, delivery of the baby, and up to six weeks after the baby is born. *Page 3*

You watch "Antiques Roadshow" this fall and learn a chifforobe just like your great-grandmother's is worth \$5,000. Dang! If you'd known that you'd have had insurance and squawked more when those butterfingers banged up yours during your summer move. *page 5*

The Examiner can now be viewed online at: www.nhtp.med.navy.mil

Naval Hospital Twentynine Palms Named Best for 2003 in Region Nine

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

Naval Hospital Twentynine Palms (NHTP) has been recognized by the Lead Agent of Region Nine for the 2003 Lead Agent's Award for Best Military Treatment Facility (MTF).

This award is presented annually Southern California (Region 9) medical facility's in recognition of outstanding patient access and customer satisfaction.

Captain Lynda A. Salmond, Commanding Officer, NHTP received the award, on behalf the staff, from Rear Admiral James A. Johnson, Region Nine Lead Agent and Commander, Naval Medical Center San Diego.

Salmond stated, "I want to thank each and every one of you here at Naval Hospital Twentynine Palms for your hard work and dedication, you are an awesome staff! We competed not only with other Navy MTFs, but Army and Air Force as well."

NHTP has always taken a pro-active approach to ensure that all eligible beneficiaries receive the highest quality of health care possible.

sible.

The quality of care received is often tied to the individual patient's
Please see *DESERT BEGINNINGS* on page 7

Hospital Seeks Feedback for Process Improvements

The primary means of registering suggestions, complaints, and conveying compliments at Naval Hospital Twentynine Palms (NHTP) is through the Customer Service Representatives designated for the applicable hospital area. The patient contact/Customer Relations Program is designed to:

Provide a means for you to express your concerns, and to make suggestions or compliments relating to the treatment and services patients receive.

Please see *FEEDBACK* on page 7

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Here's To Your Health...

Got The New Baby Blues?... Maybe This will Help

By Martha Hunt, MA Health Promotions Coordinator
Robert E. Bush Naval Hospital

Postpartum Depression is used to describe a range of physical and emotional changes that new moms experience around the time of the birth of their babies. Symptoms of postpartum depression or the baby blues can range from mild to severe. Sometimes new moms need medications to help with these symptoms, while other moms may only need to talk to someone trusted and get help working through their symptoms.

Postpartum Blues symptoms can include: persistent sad or empty moods; sudden mood swings; loss of interest in usual activities; restlessness; irritability; excessive crying; feelings of guilt for no reason; feelings of worthlessness, helplessness, or hopelessness; or fear of hurting the baby or yourself. Postpartum Blues symptoms can also include: sleeping too much or too little; eating too much or too little; feeling fatigued and drained; thoughts of death or suicide; difficulty concentrating or making decisions; excessive forgetfulness; or vague physical complaints.

The Baby Blues are felt by as many as 75% of all women who have either recently given birth or recently experience the loss of a pregnancy. Symptoms of the baby blues are usually felt 3-4 days after delivery. However, baby blues may also be felt while you are still pregnant. If Postpartum Depression is left untreated, symptoms may worsen and may last for up to a year after delivery.

It's not known exactly what causes the Baby Blues. They may be caused by changes in hormones in your body, stress over being pregnant or the delivery, feeling isolated from family and friends, and feeling simply overwhelmed over the responsibility of being a new parent.

A new mom can experience Baby Blues after the birth of any child, not just the first one. Also, she may feel them for one pregnancy, but not another. There is no way to predict which pregnancy will result in postpartum depression. Any woman is at risk of postpartum depression regardless of the number of children she has had or her age.

Postpartum Depression is more likely to occur if a woman has had any of the following: previous postpartum depression; depression not related to pregnancy; severe premenstrual syndrome (PMS); a non-supportive partner; stress related to family, marriage, occupation,

housing or other events in their life.

Self care for new moms should include getting enough rest! Take time for yourself and try to nap when the baby naps so you do not become exhausted. Ask for help when you need it! Ask your partner for help with chores. Get emotional support from your partner, family and friends! Make an effort to get out of the house every day, even if it's only for a short walk in your neighborhood. Make time for just you and your partner. Ask your primary care provider for help. Join a new parent support group so you can meet other new moms who are going through the same experiences as you.

Remember that you don't have to suffer with Post Partum Depression. There are people and groups in the community that can help. You can call either the Perinatal Case Management Program at 830-2584 or the Mental Health Department at 830-830-2935 for more information.

Upcoming Diabetes Class Schedule

The Internal Medicine Clinic of the Robert E. Bush Naval Hospital offers a series of "Diabetes Self-Management Classes."

The schedule of classes is as follows:

Improving Your Diabetes by "Self Management and Goal Setting, Aug. 21, from 3 to 4 p.m.

All classes are held in the Family Practice Clinic Classroom 3.

Anyone with diabetes or interested in learning more about diabetes is welcome to attend. For more information call Lt. Julie Lundstad at 830-2175.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

How to reach us...

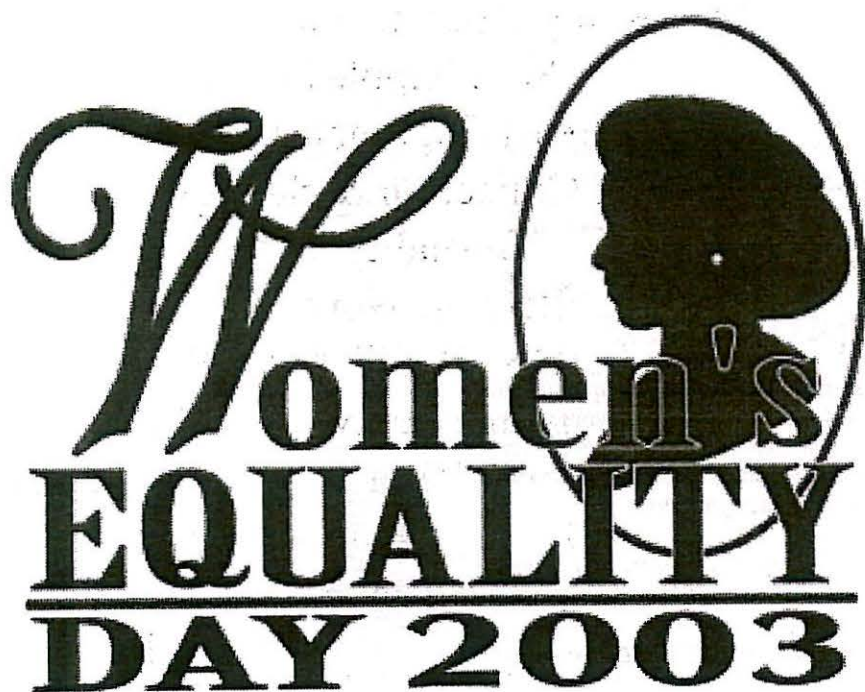
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Kick the habit and learn to become tobacco free!

The Naval Hospital Health Promotions Program offers tobacco cessation classes. Classes are offered at two convenient times of noon and 5:30 p.m.

To sign up, call Health Promotions at 830-2814. The next set of tobacco cessation classes will start Aug 5. Call now before it all goes up in smoke!



TRICARE Helps Cover Costs for Maternity Care

TRICARE helps pay for maternity care during pregnancy, delivery of the baby, and up to six weeks after the baby is born. Prenatal care is important, and TRICARE strongly recommends that those who are pregnant, or who anticipate becoming pregnant, seek appropriate medical care. They should not delay care because of changes in nonavailability statement (NAS) rules and procedures. If TRICARE eligibility ends during the pregnancy (for example, due to discharge of sponsor), TRICARE does not cover any remaining maternity care unless the family qualifies for the Transitional Assistance Management Program (TAMP)* or has enrolled in the Continued Health Care Benefits Program (CHCBP).*

NAS for maternity care

A NAS is a certification issued from a military treatment facility (MTF) that a specific medical service is not available at the time care is needed. If a MTF cannot provide needed maternity care, it will issue a NAS to allow a patient to receive care from a civilian source. Maternity patients will need one NAS for all of the maternity care associated with the pregnancy.

On Dec. 28, 2003, the NAS requirement for maternity care will be eliminated, as mandated by law. Women who require prenatal care on or after Dec. 28, 2003, will not be required to obtain the NAS, as long as their first prenatal visit is on or after this date. Women who begin prenatal care before Dec. 28, 2003, will still be required to obtain a NAS. This change in law affects TRICARE Standard beneficiaries residing within MTF catchment areas anywhere in the world. (A catchment area is within approximately 40 miles of a military treatment facility, however, it may be more than 40 miles if a beneficiary's ZIP code falls within a facility's catchment area.) Standard patients who do not live within a catchment area do not need a NAS.

Until Dec. 28, 2003, maternity patients who are not enrolled in Prime and live in a MTF catchment area must receive all of their maternity care from that facility, unless they obtain a NAS. In an emergency, patients should go to the nearest emergency room.

The NAS is needed from the first prenatal visit after confirmation of the pregnancy, and will remain valid for 42 days (six weeks) following the delivery. Patients who have other health insurance that pays before TRICARE or are family members of a member of the National Guard or

Reserves who is called to active duty and qualify for the TRICARE Reserve Family Demonstration Project do not need a NAS.

If a required NAS is not obtained for prenatal visits through Dec. 27, 2003, TRICARE will not cover any portion of the care received during the pregnancy, including care related to delivery. For example, if a woman's first prenatal visit occurs on Dec. 27, 2003, she must obtain the NAS for that visit or she will be responsible for all expenses related to her pregnancy even though she may not deliver until the following summer.

Beneficiaries should check with their local health benefits adviser, beneficiary counseling and assistance coordinator or TRICARE service center to see if they are in a catchment area. If it is necessary to receive care from a civilian hospital or doctor during pregnancy, finding a provider who participates in the TRICARE network or who is an authorized provider is most cost-effective.

After the birth of the baby, mothers who obtained an NAS should check with their local health benefits adviser, beneficiary counseling and assistance coordinator or TRICARE service center to see if the baby requires a separate NAS. A newborn's NAS is entered retroactively after the newborn is enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

Automatic Prime Enrollment

If the sponsor is active duty, the newborn will be automatically enrolled in TRICARE Prime. If the sponsor is retired and any member of the family is enrolled in Prime, the newborn also is automatically enrolled in Prime. An automatic Prime enrollment lasts 120 days. If the sponsor wants the baby to remain in TRICARE Prime, the newborn must be formally enrolled in Prime within 120 days from birth or the child's benefit will change to TRICARE Standard.

Costs for Care Received under TRICARE Standard

Hospitals and doctors who participate in TRICARE Standard accept the TRICARE maximum allowable charge for their services. "Lay" midwives (midwives who are not registered nurses) are not authorized TRICARE providers. Beneficiaries are responsible for the deductible for the fiscal year Oct. 1 through Sept. 30-and for some cost-sharing when using TRICARE Standard, as shown below:

Patient type	Cost Share
Wife of active duty service member	* Nominal daily rate or a minimum charge of \$25
Unmarried dependent daughters of active duty members	* Nominal daily rate or a minimum charge of \$25 * Standard will not pay for the baby's medical care received at the time of delivery or after unless the father is active duty or a retiree and a court recognizes him as the father or the military sponsor adopts the child
Unmarried dependent daughters of retired service members	* TRICARE Standard pays 75% of covered professional fees; patient pays 25% * Lesser of 25% of hospital billed charges or a fixed daily amount; TRICARE Standard pays the rest * Standard will not pay for the baby's medical care received at the time of delivery or after unless the father is active duty or a retiree and a court recognizes him as the father or the military sponsor adopts the child.
Retiree or wife of a retiree	TRICARE Standard pays 75% of covered professional fees; patient pays 25% Lesser of 25% of hospital billed charges or a fixed daily amount; TRICARE Standard pays the rest

Please see **MATERNITY CARE** on page 6

BREAST FEEDING SUPPORT GROUP

Sponsored by: Maternal Infant Ward & Breast Center
WHAT BETTER WAY TO FIND OUT ABOUT:

- *Latching On
- *Meeting other new mothers
- *Sore Nipples
- * Breast Engorgement
- * Milk Collection & Storage
- *Sexuality
- *Back to Work

LOCATION, DATE & TIME:
Naval Hospital Twentynine Palms
Classroom 3 (behind Family Practice Clinic)
Every Monday 10 a.m. -noon
Breast Education Center 830-2501

Hard Chargers...



Lt. Ignacio Doney, of the hospital's Maternal Infant Nursing Department, receives a Navy and Marine Corps Commendation Medal from Captain Lynda A. Salmond, commanding officer of Naval Hospital Twentynine Palms.



Lt. Cmdr. Candace Cornett, of the hospital's Physical Therapy Department, takes the oath during her recent promotion ceremony.



Captain Bruce Meneley, flanked by his wife, Karen, and the hospital's Executive Officer, Capt. Alan Rowley, shows off his new shoulder boards at his recent promotion ceremony.



Lt. Cmdr. Susan Tussey, of the hospital's Family Practice Clinic, receives a Navy and Marine Corps Commendation Medal from Capt. Salmond.

Summer Time Moves...

Protecting Your Treasures While on the Move

By Rudi Williams
American Forces Press Service

WASHINGTON, May 7, 2001 -- You watch "Antiques Roadshow" this fall and learn a chifforobe just like your great-grandmother's is worth \$5,000. Dang! If you'd known that you'd have had insurance and squawked more when those butterfingers banged up yours during your summer move.

Permanent-change-of-station moves mean stress, anxiety and problems even when you don't own high-value treasures. But when you do, paying attention to some common sense dos and don'ts may save you grief.

Carriers and the government assume no liability for such high-value items as watches, jewelry, cash, stocks, bonds, coin and stamp collections, antiques, bills, deeds, precious metals or irreplaceable sentimental items such as photo albums. Carry these valuables with you, Military Traffic Management Command officials advise. Don't ship them as household goods, and don't leave them in dresser drawers or lying around while movers pack.

* Get professional appraisals for expensive, valuable items such as artwork, collectibles and heirlooms. Obtain supplemental insurance for these valuables during the move. Standard insurance carried by most movers pays claims by the pound, not market value. The government will not pay for appraisals or extra insurance, but consider the cost a wise hedge against loss or damage.

* Videotape or take close-up photos of all your belongings, paying extra attention to the condition of your furniture and your expensive and valuable items. Inventory records like this will help you document any losses and damage you may incur in the move.

* Record serial numbers of electronic equipment.

* Movers are supposed to document furniture condition on their inventory record sheets. Make sure you confirm their entries and challenge them until you agree on accuracy. When you sign the mover's inventory record after the packing's done, you're certifying its accuracy.

* Don't wax or oil wooden antiques and fine wood furniture before shipping, because some products might soften the wood and make it vulnerable to imprinting from furniture pads.

* Third-party servicing will likely be needed before moving such luxury items as hot tubs, large-screen TVs and some exercise equipment.

* Talk to the moving company about pre- and post-move servicing of washer, dryer, refrigerator, dishwasher, grandfather clock, satellite dish and other such items.

* Think twice before dismantling your outside TV antenna -- a new one may cost less than shipping the present one.

Following these suggestions will safeguard valued items and help you have an efficient and painless move.

There's a wealth of information on the Internet about moving in general and military relocations in specific. Simply use the keywords "military relocation" on any Web search engine for links.

DoD Testing Household Goods Shipment Program

By Rudi Williams
American Forces Press Service

WASHINGTON, May 7, 2001 -- Uprooting a family and moving is one of those challenging life transitions that cause emotional strain, drain one's energy and create all kinds of highs and lows.

In its quest to ease the pain, DoD is testing the Full Service Move Project at 23 military installations across the country. It's all about bettering the quality of life of service members and their families by finding ways to improve household goods shipments and to minimize stress, DoD officials said.

"I think this program is going to do a lot of good for our service members and their families," said project manager Cullen Hutchinson. "Moving is very stressful. I've seen situations which bring tears to my eyes when I talk about how some service members have been treated during their move."

"We're the industry's largest customer and we should get a high-quality move. We should be treated as their very best customer," he noted. "Our relationship with industry used to be very adversarial, but I think we've developed a very good relationship in the last couple of years. We've worked together and I think they're willing to work with us to get that level of service. But it will not be easy or cheap."

Please see DOD TESTING on page 7

Relocation Checklist Could Make A Smooth Move

By Rudi Williams
American Forces Press Service

WASHINGTON, May 7, 2001 -- Relocation is part of life in the military and for some DoD civilian employees. Every permanent-change-of-station order means moving yourself, your family and all your belongings to a new duty location somewhere in the world.

Moving is a big event with a lot of physical and emotional challenges that need to be handled with care. Like everything else in life, there's a right way to move. And doing it the right way can make a big difference in stress, peace of mind -- and your pocketbook.

Here are some things to do to help make your move smoother:

Moving Checklist

- * Contact the household goods office for an appointment with a counselor.
- * Notify your landlord, rental agent or housing office of your permanent change of station orders and anticipated date of departure.
- * Check school schedules and enrollment requirements at your new station.
- * Check the expiration date on your military identification card; update if necessary.
- * Contact the department of motor vehicles for information on changing your driver's license and vehicle registration.
- * Take care of auto maintenance and repairs.
- * Contact your insurance company concerning vehicles, home and household goods. Find out about coverage on your possessions in transit and storage and about high-value items.
- * Fill out a postal change of address form.
- * Fill out an IRS change of address form.
- * Hand-carry medical and dental records.
- * Keep prescription medicines in their original bottles. Obtain prescription slips in case you need refills on the road. Pack medicine in leakproof, spillproof containers.
- * Hand-carry finance records.
- * Ensure that your entire family is properly listed on the Defense Eligibility Enrollment Reporting System.
- * Start using up perishable and frozen foods about a month before moving.
- * Discard whatever you haven't used before the carrier shows up to pack.
- * Dispose of flammables such as fireworks, cleaning fluids, matches, acids, chemistry sets, aerosol cans, ammunition, oil, paint and thinners.
- * Drain fuel from mowers and other machinery.
- * Discard partly used cans and containers of substances that might leak.
- * Carefully tape and place in individual waterproof bags any jars of liquid you plan to carry with you.
- * Refillable tanks must be purged and sealed by a local propane gas dealer.
- * Discard nonrefillable tanks. Some carriers and the military do not permit shipment of any propane tanks.
- * Switch utility services to new address. Inform electric, disposal, water, newspaper, magazine subscription, telephone and cable companies of your move.
- * Have appliances serviced for moving.
- * Clean rugs and clothing and have them wrapped for moving.
- * Plan ahead for special needs of infants.
- * Close bank accounts and have your funds wired to your new bank. Before closing, be sure there are no outstanding checks or automatic payments that haven't been processed.
- * Collect valuables from safe-deposit box. Make copies of any important documents before mailing or hand-carry them to your new address.
- * Record serial numbers of electronic equipment.
- * Defrost freezer and refrigerator. Place deodorizer inside to control odors.
- * Give a close friend or relative your travel route and schedule so you may be reached if needed.
- * Discuss the moving process with your children to overcome their fear of relocation.
- * Return library books and other borrowed items.
- * Make shipping arrangements for vehicles early.
- * Ensure that the vehicle is in good running condition and that all required maintenance has been completed.

Moving Your Pets

- * Make arrangements for transporting pets.
- * Carry health and rabies certificates with you.
- * Ask about vaccinations needed to travel to foreign countries.
- * Attach an ID tag to your pet's collar.
- * Check on type and size of kennel needed for overseas shipment of pets.
- * If you're traveling across country, you can check on pet-friendly hotels on the Web at www.petswelcome.com.

MATERNITY CARE...—

Continued from page 3

Maternity Claims

Under the Diagnosis Related Group (DRG) payment system, separate claims must be filed for the mother and the newborn child. The hospital will take care of this.

Care Received from Nonparticipating Providers:

Nonparticipating providers may charge more than the TRICARE maximum allowable charge, but they should not charge more than the legal limit-15 percent above the TRICARE maximum allowable charge. TRICARE pays the government's share of the allowable charge for covered care. Patients must pay the difference and are responsible for paying the provider's bill, up to the legal limits.

Ambulance Costs for Maternity Care:

TRICARE may share ambulance costs.

Newborn Care:

For routine newborn care, separate claims are filed, but the baby's care is paid as part of your maternity care for the first three days, if the baby is eligible. If the baby has to stay in the hospital more than three days, stays after the mother leaves or needs other than routine newborn care while both are still in the hospital, the baby is considered a patient in his/her own right. Claims must be filed separately for the baby's nonroutine care.

If the mother lives in a MTF's catchment area and her baby must stay in a civilian hospital after she leaves the civilian facility, she may need to get a NAS for the baby from the military hospital, or the baby may have to be transferred to the MTF. Patients should check with the MTF for more information. The above applies only to newborns who are TRICARE eligible. Parents should be sure to enroll their baby in the Defense Enrollment Eligibility Reporting System (DEERS) as soon as possible to avoid claims payment problems.

Well-baby and Well-child Care:

TRICARE Extra and TRICARE Standard health benefits have been expanded so that eligible children up to age 6 can receive well-child care from authorized civilian providers of care, such as the services available to those who enroll in TRICARE Prime.

The benefits include routine newborn care, health supervision examinations, routine immunizations, periodic health screening and developmental assessment in accordance with American Academy of Pediatrics guidelines. Well-child care is covered for children from birth to age 6 when services are provided by the attending pediatrician, certified nurse practitioner or certified physician assistant. For children who require health screening and immunizations, TRICARE will cost-share visits and immunizations up to midnight of the day before the child turns 6 years old.

Well-baby care for newborns includes the routine care of the baby in the hospital, and a variety of tests, as well as newborn male circumcision. After the baby goes home, up to nine well-baby visits in a two-year period are covered. The visits include such things as a history intake, physical examination, a mental health assessment and a developmental and behavioral evaluation.

The well-baby and well-child care programs include:

- * Immunization, according to recommendations by the Centers for Disease Control
- * Heredity and metabolic screening
- * Tuberculin tests, at 12 months of age and once during the child's second year
- * Hemoglobin or hematocrit testing, once each during the first and second years
- * Urinalysis, once each during the first and second years
- * Annual blood-pressure screening between 3 and 6 years of age
- * Blood lead test, during each well-child visit from 6 months to 6 years of age
- * Health guidance/counseling, including breast-feeding and nutritional counseling
- * Additional services or visits that may be required because of specific medical findings

For more information, patients may contact their local health benefits adviser, beneficiary counseling and assistance coordinator, TRICARE service center or visit the TRICARE Web site at www.tricare.osd.mil.

Patient Safety...

Dealing with Retirement

LT Daniel Anthony

Risk Management Advisory Committee

Although we often discuss patient safety as a goal that seems to exist only within the confines of our hospital, we realize that at some point many of our beneficiaries finish their careers and join the ranks of retired service members who have served their nation honorably. As our members pass into retirement, their healthcare needs naturally change and many people from our senior community find themselves living in civilian owned and operated nursing homes and other long-term care facilities. Can we expect the same dedication to patient safety in these facilities as we expect from our nation's hospitals?

In a word, yes. Beyond the obvious ethical concerns for the well-being of our patients, it makes good business sense to create a safe and caring environment for nursing home residents. Just as our nation's hospitals have shifted to high-gear on improving patient safety, the American Association of Homes and Services for the Aging (AAHSA) has developed a 5-year plan focusing on healthy, affordable and ethical long term care. Other initiatives include improvements in communication among staff members, patients, and family members with decisions that involve quality of life issues (Kapp, M. B., 2003). Providing physical safety to residents requires a multi-pronged approach. Issues ranging from neglect, depression and worsening health to medication, treatment, and physical therapy must all be factored into the equation for total patient safety.

These new initiatives require a fundamental shift in the way nursing homes do business. Revamping the error reporting system is another example of this new focus. To prevent error cover-ups, new and non-threatening reporting systems are being put in place to offer opportunities for quality improvement without the threat of punitive action against staff. In this way, nursing homes can monitor their own performance and move in such a way as to correct deficiencies before they turn into disasters.

Our healthcare needs begin before birth and span the length of our lives. It is our right to receive treatment that is delivered with a high level of safety and competence. Here at Naval Hospital Twentynine Palms, we have already made great strides in these areas and the best is yet to come.

Free Children's Car Safety Seat Inspections at Naval Hospital

The Armed Services YMCA will present a free children's car safety seat inspections Aug. 1 from 9 a.m. to 3 p.m. The San Bernardino County Sheriff's Department, the San Bernardino County Safety Angels and the Armed Services YMCA will be on hand to inspect child car safety seats, and if those seats need to be replaced, the Safety Angels will provide a new car seat, at no cost, to eligible beneficiaries.

For those who are expecting a new addition to the family within the next month, a car seat voucher will be provided.

Depression and Pregnancy Workshop

Every Thursday in the Mental Health Clinic
Conference Room of the Robert E. Bush Naval
Hospital from 12:30 to 2 p.m.

For more information call 830-2584 or 830-2935

DESERT BEGINNINGS...

Continued from page 1

perception of how the care is delivered. The hospital uses management reviews, TRICARE surveys, patient contact, staff interviews, Consumer Health Care Council feedback, and various staff committee meetings to measure patients' perceptions. All gathered information is kept free of personal information to protect patient privacy and to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

One of the results of perceived patient needs will come to fruition Aug. 1, with the opening of the hospital's new Labor, Delivery, Postpartum, Recovery (LDRP) Unit. A few years ago it was determined that NHTP needed to upgrade its Labor and Delivery ward to meet family and patient needs with state-of-the-art LDRP facilities. "It has taken a lot of planning and a lot of work by people who have gone before us and the people now assigned to the hospital," said Lt. Cmdr. Meggan McGraw, unit manager, "But for our patients and staff alike, it has been well worth the effort," she added.

FEEDBACK...

Continued from page 1

Promote a positive professional relationship between patient and staff.

Identify staff personnel to act as the patient advocate.

Promote awareness and understanding of the patient's rights and responsibilities.

Provide a means to assist other members of our health care team in implementing system changes that will benefit all patients and the care they receive.

All complaints, suggestions and compliments will be reviewed by the hospital's Customer Relations Officer and forwarded to the Executive Officer and the Commanding Officer of the hospital for review. Every attempt will be made to resolve complaints at the lowest level. Each staff member is empowered to resolve any complaint within his or her ability. However, complaints will still be forwarded up the Chain of Command for review.

The NHTP Customer Relations Representative is, Lt. Cmdr. Sharron Yokley. She can be reached at 830-2475, and may be contacted directly for unresolved problems.

Each quarter the Commanding General of MCAGCC hosts a Health Care Consumer Council meeting. All eligible beneficiaries of the hospital are invited to attend. Attendees may express their concerns or discuss general health care issues with the leadership of the hospital.

Over the years, all clinics in this facility have been recognized for excellence in the delivery of health care and customer service, placing them in the top ten percent of all Department of Defense healthcare treatment facilities. The Assistant Secretary of Defense for Health Affairs presents these awards. Selection is based on information from the TRICARE satisfaction surveys, which are mailed to patients following appointments.

The hospital is anxious to hear from you regarding your care. Complimentary letters are a good morale boost as well. Your feedback is valuable continue improvement at Naval Hospital Twentynine Palms.

DOD TEST...

Continued from page 5

DoD and the rest of government used to vie for the cheapest bids for services, but that has changed over the years, Hutchinson said. "Cost is not our only consideration. Now, we talk 'best value,'" he said. That means performance counts.

The Military Traffic Management Command moves more than 613,000 shipments each year at a cost of about \$1.7 billion. But it does so using a 40-something-year-old process that's burdened by excessive regulation, poor performance, and complicated, time-consuming processes, Hutchinson said.

Nearly 35 percent of shipments suffer loss or damage at a cost of about \$100 million. Only \$60 million is recouped.

DoD's Full Service Move Project is a partnership of the Office of the Secretary of Defense, the military services, Coast Guard, U.S. Transportation Command, Army Communication and Electronics Command Acquisition Center and the household goods moving, freight forwarding and relocation management industries.

FSMP incorporates many of the lessons learned from two other tests, the ongoing Military Traffic Management Command's Re-engineered Personal Property Program and the recently ended Navy Service Member Arranged Move, or SAM.

The DoD project also adapted the lessons of a two-year test at Hunter Army Airfield, Ga., that ended in January 2001 when FSMP absorbed it. The Georgia test moved more than 3,500 shipments, including all outbound moves of household goods from Hunter to worldwide destinations.

In the Hunter personal property pilot, one company, Cendant Mobility Corp., was responsible for all aspects of the move. The company offered a toll-free telephone contact, in-transit visibility, full replacement value coverage, direct claims settlement by the move manager and on-time performance provisions.

"We've incorporated much of that into the Full Service Move Project," Hutchinson said. The reason for the various pilots is to allow DoD to test different ways of handling household goods and relocation services to see which is best for everyone. Integrating best commercial practices is one of the main objectives of all the pilots, Hutchinson said.

The U.S. Transportation Command is tasked with reviewing and analyzing the three pilot programs. Upon completion of the analysis the command and the military services will coordinate recommendations to the secretary of defense on actions needed to improve DoD personal property moves.

Saying the price tag proved too high, the Navy recently pulled the plug on its SAM test. A kind of do-it-yourself move, it allowed sailors to select their mover from a list provided by their transportation office. SAM was available in Norfolk, Va.; Groton, Conn.; Puget Sound-Whidbey Island, Wash.; and San Diego to anywhere else in the continental United States.

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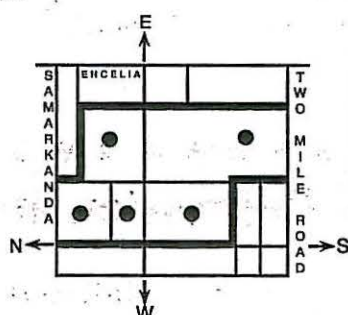
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Life's Lesson...

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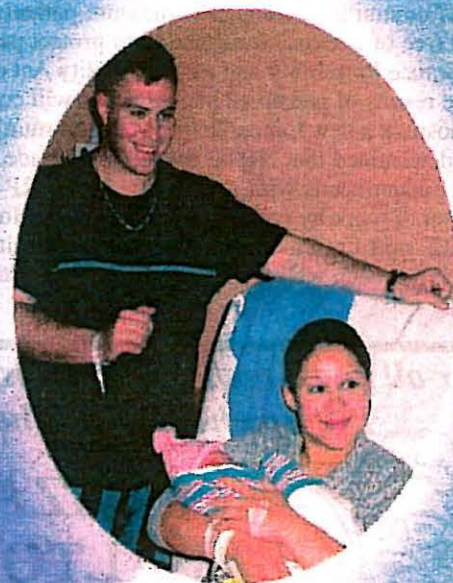
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